

**SPECIAL PROGRAM SCREENING FORM**

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

<b>RATE/RANK:</b>		<b>NAME:</b>	
<b>SSN:</b>		<b>PROPOSED DETACHMENT DATE:</b>	
<b>PROPOSED PROGRAM/DUTY STATION:</b>			
<b>SECTION A: GENERAL CRITERIA</b>			
			<b>INTERVIEWER'S INITIALS</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	1.	Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	2.	Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits and been recommended for retention and promotable or higher for advancement for the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	3.	Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	4.	Has member had any alcohol related incidents in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	5.	Has member had any involvement with illegal drugs in the past 36 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	6.	Has member signed the required OBLISERV for this program?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7.	Is Member currently within height, weight or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	
<b>PERSONNEL OFFICER'S NAME AND RANK:</b>		<b>PERSONNEL OFFICER'S SIGNATURE:</b>	<b>DATE:</b>
<b>SECTION B: MEDICAL/DENTAL SCREENING</b>			
			<b>INTERVIEWER'S INITIALS</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	1.	Has member completed required medical screening for this program? If "no", will the gaining MTF, accept?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	2.	Is member in proper dental class for PCS transfer?	
<b>MEDICAL OFFICER'S NAME AND RANK:</b>		<b>MEDICAL OFFICER'S SIGNATURE:</b>	<b>DATE:</b>
<b>DENTAL OFFICER'S NAME AND RANK:</b>		<b>DENTAL OFFICER'S SIGNATURE:</b>	<b>DATE:</b>
<b>SECTION C: FINANCIAL SCREENING</b>			
			<b>INTERVIEWER'S INITIALS</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	1.	Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?	
<b>COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:</b>		<b>COMMAND FINANCIAL SPECIALIST SIGNATURE:</b>	<b>DATE:</b>

# SPECIAL PROGRAM SCREENING FORM (CONTINUED)

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## SECTION D: ADDITIONAL REQUIREMENTS (AS APPLICABLE)

**INTERVIEWER'S  
INITIALS**

☐ YES ☐ NO 1. Does member have required NEC/School/ASVAB for this program?

☐ YES ☐ NO 2. Does member have required security clearance?

☐ YES ☐ NO 3. Does member have valid driver's license?

☐ YES ☐ NO 4. Has member completed swim qualification for this program?

☐ YES ☐ NO 5. Does member have visible tattoos?

COMMAND CAREER COUNSELOR'S NAME  
AND RANK:

COMMAND CAREER COUNSELOR'S  
SIGNATURE:

DATE:

*ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Special Programs.*

MEMBER'S NAME AND RANK:

MEMBER'S SIGNATURE:

DATE:

## COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

☐ YES ☐ NO 1. Are there any other compelling reasons why service member should not be transferred?

☐ APPROVAL ☐ DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBERS SERVICE RECORD.

NAME AND RANK:

SIGNATURE:

DATE:

**PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.**

**COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.**